Pace Analytical

Required Client Information:

Section B
Required Project Information:

Section A

CHAIN-OF-CUSTODY / Analytical Request E MOH: 1262261
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields mu Section C Invoice Information:
Attention: Doe Date 03/23/16

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																	WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample ids must be unique		Requested Due Date:	Fax	Email:	P:U. BOX 417	"
					4												V	V	Directions water DW Water WT Water WT Water WW Product P SouliSould OL Wilpe Air AR Other TSsue TSsue TSsue	3	Project #:	Project Name:	Purchase Order #:	copy ro:	1
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Custody Sealed			$\top$	$\top$								ļ										2			
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## Pace Analytical\*

**Project Manager Review:** 

Document Name:

## Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority: Pace Virginia, Minnesota Quality

Sample Condition Client Name: Upon Receipt			Project	#: 🕅	Щ0:	<b>†</b> 112	<u> </u>	<b>61</b>	
Courier: ☐Fed Ex ☐UPS	7		Client						
☐Commercial ☐Pace	Other:		Cheff		1262	20 0 Bross 25 25 Br 82	8		1 to 1
Tracking Number:			· · · · · · · · · · · · · · · · · · ·				A SECTION ASSESSMENT		
Custody Seal on Cooler/Box Present?	ŹNo	Seals	Intact?	∐Yes	⊠No	Optional:	Proj. Due	Date:	Proj. Name:
Packing Material: Bubble Wrap Bubble	Bags 🛮 N	one (	Other:_	-1			Temp Blan	k?	∕es □No
Thermometer Used: 140792808	Type of I	ce:	Wet [	Blue	None	e 🖊 San	-		rocess has begur
Cooler Temp Read °C: 1 P Cooler Temp	Carrected of	. 6	1.2,						
Temp should be above freezing to 6°C Correction Fa	actor: 0>	<u> </u>		d Initials	of Persor	Examining	ie Frozen? Contents:	Yes 3-9-7	O CAL
Chain of Custody Present?	✓Yes	□No	□N/A	1.			Comments:		<del></del>
Chain of Custody Filled Out?	<b>Z</b> ÎŶes	□No		2.				<del></del>	
Chain of Custody Relinquished?		□No		3.		77			<del></del>
Sampler Name and Signature on COC?	<b>Z</b> Yes	□No		4.			·		
Samples Arrived within Hold Time?	Z Yes	□No		5.	<del></del>	<del></del>	·		
Short Hold Time Analysis (<72 hr)?	☐Yes	Z No		6.					<del></del>
Rush Turn Around Time Requested?	Yes	ZNo		7,		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Sufficient Volume?		_ <del> Z N</del> o		8,					<del></del>
Correct Containers Used?	☑ Yes	□No		9.					<del></del>
-Pace Containers Used?	Z Yes	□No		3.					
Containers Intact?	<u>⊠</u> Yes	□No	□N/A	10.		···			<del></del>
Filtered Volume Received for Dissolved Tests?	☐Yes	□No	Z]N/A		o lf andim				
Sample Labels Match COC?	□Ŷes	□No	N/a □ N/A	12.	e ii seoiri	ent is visible	in the dissolv	ed contair	iers.
-Includes Date/Time/ID/Analysis Matrix:	~ <del>\\</del>		□\ <b>V</b> /A	14.					
All containers needing acid/base preservation will be checked and documented in the pH logbook.	☐Yes	□No	ØN/A		H log fo		and addit	ional pi	eservation
Headspace in Methyl Mercury Container	Yes	□No	[Z]N/A	13.					
Headspace in VOA Vials ( >6mm)?	☐Yes	□No	□ N/A	14.			·	<del></del>	
Trip Blank Present?	Yes	□No	[ZN/A	15.				···-	
Trip Blank Custody Seals Present?	Yes	□No	[ZÍN/A						
Pace Trip Blank Lot # (if purchased):	<del></del> -				<del> </del>	<del></del>			
CLIENT NOTIFICATION/RESOLUTION						field Data	Required?	Dvas	
Person Contacted:			D	ate/Time	•				□140
Comments/Pasalution					·			<del>-</del>	<del>-</del>
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FECAL WAIVER ON FILE Y N		TEMP	ERATUR	E WAIV	ER ON F	ILE Y	N		

Date: Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)